

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

FIG. NO.

FIG. NO.

APPLICANT(S)

	AS PREPARED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		TOTAL NO. CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12		1					
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45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.	3						
TOTAL DEP.	17						
TOTAL CLAIMS	20						
51							
52							
53							
54							
55							
56							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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